

APPLICATION FOR CERTIFICATION

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)

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ON	1,51,			
1 (D)		- APPROPRIE		ووسحس

Initial Application Amended Application			FILERID 2007	
NAME OF CANDIDATE BILL MUNDELL	OFFICE SOUGHT (include Legislative District, If applicable) CORPORATION CONTINUES OF STATE ZIP			
ADDRESS (NUMBER & STREET)		CORPORDINO COMO	455002	
8333 NORTH MOCK	INGBIRA LANG	PARADISE VALLEY	STATE	ZIP 85725-3
MAILING ADDRESS (If different from above)		CITY	STATE	ZIP
CANDIDATE'S TELEPHONE #	CANDIDATE'S FAX#	CANDIDATE'S E-MAIL ADDRI	FSS	
430-399.8731	Same	LVAMONNO	:1	Bolo
CANDIDATE'S PARTY AFFILIATION (If any)			100) [1]
NAME OF CANDIDATE'S COMMITTEE				
COMMITTED TO ELCE	+ BILL MUNDELL	2007		
COMMITTEE'S ADDRESS		CITY	STATE	ZiP
345 NORTH ARIZONA	Pre	CHANDUER	AZ	85224
COMMITTEE'S PHONE #	COMMITTEE'S FAX #	COMMITTEE'S E-MAIL ADDR	ESS	
452 399 8931	480 8997867	MPLACP (D) AOL COM		
NAME OF DESIGNATED INDIVIDUAL WITH AUT POBGRT MARTIN, CI	HORITY TO WITHORAW FUNDS (IF APP.	LICABLE) (A.R.S. §16-948)		
DESIGNATED INDIVIDUAL'S ADDRESS		CiTY	STATE	I ŽIP
625 W SOUTHERN S		MESA	12	85-210
DESIGNATED INDIVIDUAL'S TELEPHONE #		DESIGNATED INDIVIDUAL'S I		
480 8200925 -	480 30279404	BPORRT @ AOL, COM		
LIST THE NAME OF THE FINANCIAL INSTITUTION FINANCIAL ACTIVITY FOR THE CANDIDATE'S M $ au$ E B A VK	ON FROM WHICH THE CANDIDATE AND CAMPAIGN COMMITTEE (do not list accour	THE DESIGNATED INDIVIDUAL W nt number). (A.R.S. §16-948(A)).	ILL CONDUC	DT ALL

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)); I hereby designate Robert MARTIN as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.



CCEC-003-APP/CERT-08/28/01